## DEPARTMENT OF THE TREASURY BUREAU OF ALCOHOL, TOBACCO AND FIREARMS APPLICATION FOR NATIONAL FIREARMS EXAMINER ACADEMY

NAME	HOME ADDRESS		DATE OF BIRTH		SOCIAL SECURITY NUMBER				
AGENCY NAME	AGENCY ADDRESS	AGENCY ADDRESS					AGENCY TELEPHONE NUMBER		
PRESENT POSITION TITLE	LENGTH OF TIME IN PRES	NAME OF IMMEDIATE SUPER			VISOR	SOR IMMEDIATE SUPERVISOR'S TELEPHONE NUMBER			
PREVIOUS EDUCATIONAL EXPE major course work in physical scie engineering, or related field.)									
COLLEGE OR UNIVERSITY		MAJOR				DEGREE		YEAR	
ARE YOU ASSIGNED TO A TRAIN	NING OFFICER? IF YES, NAME		HOW MAN	Y TRAINEE:	S FOR Y	OUR PO	OSITION AR	E PRESENTLY IN	
			YOUR LAB?						
HOW MANY QUALIFIED FULL-TIME FIREARMS EXAMINERS ARE YOUR LAB?			ARE YOU CURRENTLY FOLLOWING A TRAINING SYLLABUS? I YES, WHICH ONE.						
RELATED OCCUPATIONAL EXPE	RIENCE								
PPLICANT'S SIGNATURE DATE			SUPERVIS	SUPERVISOR'S SIGNATURE DATE					

SEND APPLICATION TO: BUREAU OF ALCOHOL, TOBACCO AND FIREARMS

FORENSIC SCIENCE LABORATORY - WASHINGTON

1401 RESEARCH BOULEVARD ROCKVILLE, MD 20850

## PRIVACY ACT INFORMATION

- 1. PURPOSE. The information requested on this form is necessary to process requests from prospective students to attend the ATF National Firearms Examiner Academy and to acquire firearms and toolmark examiner training.
- 2. ROUTINE USES. The information will be used solely to process the student application form.
- 3. DISCLOSURE OF SOCIAL SECURITY NUMBER. The supplying of this information is voluntary, but failure to do so may result in a denial of this request.

## PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to determine the eligibility of the applicant to attend the ATF National Firearms Examiner Academy.

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.